

Karl F. Dean
Mayor



Metropolitan Government of Nashville and Davidson County

Metropolitan Government Substance Abuse Program

*****PHS (NON-DOT) *****

Test Order Form

Employee/Applicant:		Date:	
Department:			
Employee ID #: or Social Security #: (Pre-Employment Only)		Time:	
This test is ordered for the reason checked below: <div><input type="checkbox"/> other</div> <div><input type="checkbox"/> pre-appointment (new-hire / promotion)</div> <div><input type="checkbox"/> random</div> <div><input type="checkbox"/> post-incident</div> <div><input type="checkbox"/> reasonable suspicion</div> <div><input type="checkbox"/> follow-up</div> <div><input type="checkbox"/> return to duty</div>			
You will be tested for: <input type="checkbox"/> alcohol only <input type="checkbox"/> drugs only <input type="checkbox"/> both drugs and alcohol Additional (Specify): _____			
Under the provisions of the Metropolitan Government's Substance Abuse policy, I order you to report to the collection site listed below to provide a sample of your urine and/or breath for a test for the presence of drugs and alcohol. Test results will be treated in a confidential manner and you will be provided with results. Refusal to submit for testing will be considered rejection of an appointment and/or a refusal to obey a lawful order, which will subject you to disciplinary action.			
You are to report immediately to the following collection site and present this order, along with personal photo identification: <input type="checkbox"/> E&A Solutions; 1645 Murfreesboro Pike., Suite H Nashville, TN 37217, (615) 742-0900 <input type="checkbox"/> Metro IOD Clinic; 337 21 st Avenue North, Nashville, TN. 37203 (615) 880-2400 <input type="checkbox"/> On-site: Scheduled (615) 742-0900 Emergency Cell (615) 856-9158			
Designated authority signature:			
Designated authority (please print):			
Employee Signature:			